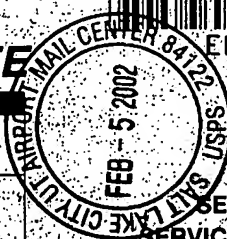




UNITED STATES POSTAL SERVICE®

POS OFFICE
TO ADDRESSEE

EL 793628395 US

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SERVICE GUARANTEE AND LIMITS
ON INSURANCE COVERAGE

ORIGIN (POSTAL USE ONLY)

PO ZIP Code 84122	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In 2502	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> 1st Day <input checked="" type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fee \$ 16.25

☐ WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday ☐ Customer Signature

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE ()

WORKMAN NYDEGGER & SEELEY
60 E SOUTH TEMPLE STE 1000
EAGLE GATE TOWER
SALT LAKE CITY UT 84111-1011
USA

7678.545.2

TO: (PLEASE PRINT)

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